DADULT SOF BALL

ALL FORMS—Including the Team Registration Form, Coaches Agreement, and the Roster/Waiver Form - MUST BE COMPLETED AND TURNED IN WITH FULL PAYMENT TO THE PARD OFFICE (130 E. Timpson St) AT THE TIME OF REGISTRATION.

Forms will not be accepted if they are turned in to another City office.

All registration packets, including any forms that are faxed or mailed, must be

RECEIVED by PARD by 5:00 pm on Friday, March 11.

Regular Registration

January 19 - February 26 Fee: \$360

Late Fee

February 29 - March 11

Fee: \$395

ATTENTION:

EFFECTIVE IMMEDIATELY:

ALL SOFTBALL PRACTICES WILL BE \$10/HOUR WITH A 2 HOUR MAXIMUM.

City Of Longview PARD

130 E. Timpson St.

Phone: 903-237-1270 Fax: 903-237-1389

E-mail: PARD@LongviewTexas.gov

NO REFUNDS!

Leagues Offered:

Men's Open, Men's Church, Industrial, Coed, Church Coed, Youth Church Coed, Women's Open

PLEASE NOTE: ALL team names must be approved by PARD staff. No team names will be allowed that imply profanity, sexual innuendos, or questionable/ vulgar/ suggestive material.

PARD WILL HAVE THE FINAL SAY

Dates To Remember:

March 24 - Coaches Meeting, 6pm Broughton Rec Center - 801 MLK Blvd.

March 28 - Season Begins
April 15 - Last day to add a player



CITY OF LONGVIEW PARKS AND RECREATION ADULT SOFTBALL REGISTRATION FORM

*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME:						
FORMER TEAM NAME (if applicable):					
PRIMARY COACH:	MARY COACH: Date of Birth:					
ADDRESS:						
CITY:	STA ⁻	ГЕ:	ZIP:			
DAYTIME PHONE NUME	BERS CELL:	WORK:				
HOME PHONE:						
E-MAIL (REQUIRED):						
*NOTE: Make-up/r	rainout schedules will no longer b	e mailed to coaches, the	y will be EMAILED ONLY!!			
SPORT: SOFTBALL (SB) BASKETBALL (BB) FLAG FOOTBALL (FFB) KICKBALL (KB)	LEAGUE: MEN'S OPEN (SB, BB, FFB) MEN'S IND. (SB, BB) MEN'S CHURCH (SB, BB) MEN'S 35 & OVER (SB ONLY) YTH CHURCH COED (SB, KB) CHURCH COED (SB ONLY) COED (SB, KB) WOMEN'S OPEN (SB ONLY)	LAST DIVISION: check the division the team last played in. DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 5 NEW TEAM	REQUESTED DIVISION: check the division the team is requesting. DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 6 NEW TEAM			
SEASON:	SPRING SUMMER	FALL	WINTER			
	BOVE NAMED TEAM, AND THE PLA					
COACH / CHURCH PAST	OR / TEAM MANAGER SIGNATURE	<u> </u>	DATE			
FORM OF PAYMENT:						
	CHECK # NAL CHECKS REQUIRE DATE OF BIR	MO CASH TH AND DRIVER'S LICENSE				
OFFICE USE ONLY	TOTAL FEE:					

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.)

AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, March 11, 2016.



PARD Adult Softball -- Spring 2016 -- Roster/Waiver Form

	Team Name	Coach	Phone	League	Division Requested	
	Print Player's Name	Player's Signature (parents if under 18)	Ad	dress, City, Zip	Phone Number	T-Shirt Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, March 11, 2016.

Coach's Signature	Verifying AUTHENTICIT	Y of Signatures:	Date:	
3	, ,	<i>3</i>		

Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

I UNDERSTAND THAT <u>NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA</u> AT ANY TIME.

My signature indicates that I have read and understand these policies.
Signature
Printed Name
Team
League CITY OF LONGVIEW PARKS AND RECREATION Date